

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

RECEIVED
Date Received
(For Official Use Only)

JAN 03 1995

032

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

ILD 005 092 838

II. Name of Installation (Include company and specific site name)

FIF Laboratories

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3501 W 48th Place

Street (continued)

City or Town

Chicago

State

ZIP Code

IL 60632-

County Code

County Name

Cook County

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

FIF Laboratories

City or Town

Chicago

State

ZIP Code

IL 60632-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Milan Simich

Milan

Job Title

Phone Number (area code and number)

VP Manufacturing 312-927-3737

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box



3501 W 48th Place

City or Town

Chicago

State

ZIP Code

IL 60632-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

FIF Laboratories

Street, P.O. Box, or Route Number

3501 W 48th Place

City or Town

Chicago

State

ZIP Code

IL 60632-

Phone Number (area code and number)

B. Land Type

C. Owner-Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

312-927-3737



Yes

No



Month

Day

Year

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DEC 24 1994
IEPA/DLPC

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)																																	
A. Hazardous Waste Activity 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 Below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____		<input type="checkbox"/> 3. Treater, Storer/Disposer (at Installation) Note: A permit is required for this activity, see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> 5. Generator Marketing to Burner <input type="checkbox"/> 6. Other (Specify) _____ Burner (Indicate device) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 4. Other (Specify) _____ <input type="checkbox"/> 5. Underground Injection Control																															
B. Used Oil Fuel <input type="checkbox"/> 1. Oil Specification <input type="checkbox"/> a. Generator Marked to Burn <input type="checkbox"/> b. Other Marking <input type="checkbox"/> c. Burner (Indicate type) <input type="checkbox"/> 1. Type of Combustion Device <input type="checkbox"/> 2. In Utility Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 4. Other (Specify) _____ <input type="checkbox"/> 5. Specification Used Oil Fuel Marked (or On-site Burner) Who First Claims the Oil Meets the Specification		C. Description of Regulated Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24) 1. Ignitable (D001) <input type="checkbox"/> 2. Corrosive (D002) <input type="checkbox"/> 3. Reactive (D003) <input type="checkbox"/> 4. Toxicity Characteristic (D000) <input type="checkbox"/> <u>F002</u> (Use specific EPA Hazardous waste number) for the Toxicity Characteristic contaminant.																															
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 16.6%;">1</td> <td style="width: 16.6%;">2</td> <td style="width: 16.6%;">3</td> <td style="width: 16.6%;">4</td> <td style="width: 16.6%;">5</td> <td style="width: 16.6%;">6</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				1	2	3	4	5	6													7	8	9	10	11	12						
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C. Other Wastes. (State or other wastes requiring an ID number. See Instructions.) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 16.6%;">1</td> <td style="width: 16.6%;">2</td> <td style="width: 16.6%;">3</td> <td style="width: 16.6%;">4</td> <td style="width: 16.6%;">5</td> <td style="width: 16.6%;">6</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				1	2	3	4	5	6																								
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K. Certification I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment. Signature: <u>[Signature]</u> Name and Official Title (type or print): <u>V.P. of MANUFACTURING MILAN-SIMICH</u> Date Signed: <u>12/16/94</u>																																	
L. Comments _____																																	